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	09G214	A. BUILDING _____ B. WING _____	12/06/2007

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METRO HOMES, INC	5701 14TH STREET, NW WASHINGTON, DC 20011

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W 000	INITIAL COMMENTS A recertification survey was conducted from December 4, 2007 through December 6, 2007. A random sample of two clients was selected from a residential population of four males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews and a review of records, including unusual incident reports.	W 000		
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on interview and record review, facility nurses failed to update client records as indicated, for one of the two clients in the sample. (Client #2) The findings include: The facility's nursing staff failed to update Client #2's Health Management Care Plan (HMCP) to reflect acute conditions as evidenced by the following: Review of Client #2's medical record on December 4, 2007 at 2:00 p.m. revealed that the client was evaluated by the Podiatrist on January 21 2007. At that time the podiatrist diagnosed the client with maceration to the web spaces bilaterally (tenea pedis). The client was prescribed Spectozole ointment. Review of the	W 111	W 111 The HMCP was updated to address the Tinea Pedis. In the future the HMCP will be reviewed by the RN Supervisor at least monthly and as needed to address acute conditions and documentation of the resolution of the condition. See attached HMCP	12/12/07

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DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan J. Sloan RN, BSN, MA — TITLE: VP-Operations — (X6) DATE: 12/28/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 111	Continued From page 1 clients HMCP lacked evidence that the acute problem had been documented. Interview with the nurses acknowledged the lack of documentation on the HMCP.	W 111		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for one of two clients included in the sample. (Client #2) The finding includes: During the medication pass observation on December 4, 2007 at 5:12 p.m. Client #2 received Buspar 15 mg and Zyprexa 10 mg. Interview with the facility's nursing staff revealed the client receives psychotropic medication to control his maladaptive behaviors in conjunction with a behavior support plan. Review of the client's psychological assessment dated January 15, 2007 and interview with the Qualified Mental Retardation Professional	W 124	W 124 The Agency has made repeated efforts to locate family members to sign on legal consents. The Agency has applied for guardianship for this client and he has a court hearing scheduled for January 15th at 9.30am. His attorney, case manager from DDS and the QMRP will attend the court hearing. The Agency has always ensured that those consumers, who do not have a family member or a legal guardian, will have guardianship paperwork processed.	12/28/07

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W 124	Continued From page 2 (QMRP) on December 5, 2007 indicated that the client lacked the cognitive skills necessary to understand the implications of health decisions and therefore could not give his informed consent for treatment. At the time of the survey, the facility failed to provide evidence that Client #2's treatment needs, including the benefits and potential side effects associated with the medications, and the right to refuse treatment, had been explained to him and a legally authorized representative.	W 124		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the Qualified Mental Retardation Professiona (QMRP) failed to effectively coordinate and monitor active treatment services and supports, for two of the two clients in the sample. (Client #1 and #2) The findings include: 1. The QMRP failed to ensure staff received effective training in the area of habilitation. [See W194] 2. The QMRP failed to ensure staff received effective training in the area of special diets preparation. [See W192]	W 159	W 159 Staff and House Manager were in serviced on all client's IPPs and diets. In the future the Agency will ensure that all staff receive training in active treatment and are monitored to ensure the appropriate supports are being effectively delivered. The Agency has modified the staff scheduling to make sure a management staff is present during programming hours. See attached training sheets	12/30/07
W 192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training	W 192		

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W 192	Continued From page 3 must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to effectively train staff to implement special diets for one of two clients in the sample. (Client #2) The finding includes : On December 4, 2007, at 6:20 p.m. Client #2 received his dinner which consisted of crab cakes, corn, stuffing, cabbage, and fruit cranberry juice and water. While the meal was being prepared, the direct care staff was asked if any of the clients were on special diets. The direct care staff indicated that Client #2 was on a low cholesterol diet. The direct care staff prepared Client #2's plate based on the low cholesterol diet. Client #2 received the following portions of food: 4 oz crab cake, 1/2 cup cabbage, 1/2 cup stuffing, 1 cup corn. Review of the client's physician's orders and nutrition assessment revealed that due to the clients weight gain, he was recommended to have an 1800 calorie diet. Review of the 1800 calorie menu revealed the following portions should have been served: 3 oz crab cake, 1/4 cup stuffing, 1/2 cup corn, 1/2 cup cabbage. The staff failed to serve the client the proper portions. It should be noted that the client received cranberry juice. The staff poured a full glass of juice, however the 1800 calorie diet required that the client receive 1/2 cup of a diet beverage. The observation was brought to the attention of	W 192	W 192 Staff and House Manager were in serviced on Client # 2's diet order and portion control for the 1800 cal diet. In the future the Agency will ensure that all staff are trained in clients diets and that the staff is monitored to ensure appropriate implementation of dietary orders. The Agency has modified the staff schedule to make sure a management staff is present during mealtimes. See attached training sheets	12/30/07

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W 192	Continued From page 4 the Qualified Mental Retardation Professional and Registered Nurses. The house manager was directed to conduct inservices with the direct care staff.	W 192		
W 194	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observations, staff interviews and the review of records, the facility staff failed to demonstrate competency in the implementation of each clients Individual Program Plan (IPP) for two of the two clients in the sample. (Client #1 and Client #2) The finding includes: 1. On December 4, 2007, between the hours of 4:30 p.m. to 7:00 p.m. Client #1 was observed in the facility. The staff gave him a keyboard to play. The client sat on the couch with a direct care staff until dinner was ready. When dinner was ready, Client #1 went to the table to eat. Review of Client #1 ' s Individual Program Plan on December 5, 2007 revealed that Client #1 was to " place the placemats and napkins on the table at dinner-time. Further review of the program data revealed that the direct care staff documented that the client had participated in this program when in actuality he had not. The observation was brought to the QMRP and House Manager ' s attention on December 5, 2007. The QMRP instructed house manager to conduct staff training in this area.	W 194	W 194 Staff and House Manager were in serviced on all client's IPPs and diets. In the future the Agency will ensure that all staff receive training in active treatment and are monitored to ensure the appropriate supports are being effectively delivered. The Agency has modified the staff scheduling to make sure a management staff is present during programming hours. See attached training sheets	12/30/07

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W 194	Continued From page 5 2. On December 4, 2007 at 5:48 p.m. Client #2 set the dining room table with several verbal prompts from the direct care staff. The Individual Program Plan task analysis indicated that the staff was to set one place-setting as a model for the client to follow. The staff did not give the client a model to use and therefore Client #2 had to have several verbal prompts from staff to complete the task. This observation was brought to the attention of the Qualified Mental Retardation Professional, who instructed the house manager to conduct staff training in this area.	W 194		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's specially constituted committee failed to ensure that the use of behavior modification medication was conducted only with the written informed consent of the legal guardian, for one of the two clients in the sample. (Client #2) The finding includes: [Cross Reference W124] During the medication pass observation on December 4, 2007 at 5:12 p.m. Client #2 received Buspar 15 mg and Zyprexa 10 mg. Interview with the facility's nursing staff revealed the client receives	W 263	W 263 Cross reference W124	

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W 263	Continued From page 6 psychotropic medication to control his maladaptive behaviors in conjunction with a behavior support plan. There was no evidence that the Human Right Committee ensure that inform consent to implement the client's behavior support plan was received.	W 263		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure its nursing staff provided needed services for one of four clients in the facility (Client #3) The finding includes: On December 4, 2007, at 5:40 p.m. Client #3 was observed to received his medication. The medication nurse indicated that the liquid Colace, prescribed for constipation, was not available in the facility. Interview with the house License Practical Nurse on the same day at 6:00 p.m. revealed that she had administered the last of the medication in the morning and had not placed the order to replace the medication.	W 331	W 331 All nursing staff were in serviced on the Policy and Procedure of Medication Administration. In the future the nurses will make sure that medications are ordered before completion of the medication. The RN Supervisor will make sure she completes the monthly medications/ room audit which is part of the monthly audit system in the home. See attached – Policy and Procedure – medication administration and in service sheet and medication audit form	12/30/07
W 361	483.460(i) PHARMACY SERVICES The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.	W 361		

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W 361	Continued From page 7 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure that prescribed medication was available for administration for one of the four clients in the facility (Client #3) The finding includes: On December 4, 2007, at 5:40 p.m. Client #3 was observed to received his medication. The medication nurse indicated that the liquid Colace, prescribed for constipation, was not available in the facility. Interview with the house License Practical Nurse on the same day at 6:00 p.m. revealed that she had administered the last of the medication in the morning and had not placed the order to replace the medication.	W 361	W 361 Cross reference W 331	
W 377	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of sanitation. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure medication were stored under proper conditions of sanitation. The finding includes: 1. During the inspection of the environment on December 6, 2007 at 3:50 p.m. two tubes of A and D ointment was located in the bedroom of Client's #3 and #4. The tubes did not have a cap on them therefore exposing the ointment to potential pathogens. 2. An open vial of TB injection and Promethazine	W 377	W 377 All nursing staff were in serviced on Policy and Procedure of Medication administration – storage of medications In the future the nurses will ensure that all medications are stored according to the P&P of medication administration. The RN Supervisor will complete monthly medication/room audits. See attached – Policy and Procedure – medication administration and in service sheet and medication audit form	12/30/07

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W 377	Continued From page 8 HCL rectal suppositories were located in the area of the refrigerator normally used to store eggs or butter. This area was not secured by any device therefore leaving the medication vulnerable to possible tampering and cross contamination with refrigerator contents.	W 377		
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to store drugs under proper conditions of security. The finding includes: An open vial of TB injection and Promethazine HCL rectal suppositories were located in the area of the refrigerator normally used to store eggs or butter. This area was not secured by any device therefore leaving the medication vulnerable to possible tampering and cross contamination with refrigerator contents.	W 381	W 381 Cross reference W 377, W 361	
W 472	483.480(b)(2)(i) MEAL SERVICES Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure client's receive food in appropriate quantity. The finding includes:	W 472	W 472 Cross reference W 192	

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W 472	Continued From page 9 [Cross refer to W192] The facility's staff failed to serve Client #2 the portion size required by his modified diet.	W 472		

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R 000	INITIAL COMMENTS A relicensure survey was conducted from December 4, 2007 through December 6, 2007. A random sample of two residents was selected from a residential population of four males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews and a review of records, including unusual incident reports and background checks.	R 000		
R 122	4701.2 BACKGROUND CHECK REQUIREMENT Except as provided in section 4701.6, each facility shall obtain a criminal background check, and shall either obtain or conduct a check of the District of Columbia Nurse Aide Abuse Registry, before employing or using the contract services of an unlicensed person. This Statute is not met as evidenced by: There was no evidence that the GHMRP obtained a criminal background check for one (RC #7) of the fourteen direct support staff, prior to assigning him to work with residents.	R 122	R 122 A criminal background check was obtained for the employee prior to employment but was not included in the home's personnel book. This has been corrected. In the future the QMRP and House Manager will make sure that the monthly audit of all personnel records are completed along with the homes' monthly QA monitoring system. See attached	12/30/07

Health Regulation Administration

Susan T. Sloan RN, MA — VP - Operations — 12/28/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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I 000	INITIAL COMMENTS A relicensure survey was conducted from December 4, 2007 through December 6, 2007. A random sample of two residents was selected from a residential population of four males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews and a review of records, including unusual incident reports.	I 000		
I 022	3501.5 ENVIRONMENTAL REQ / USE OF SPACE Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair. This Statute is not met as evidenced by: Based on observation the Group Home for Mentally Retarded Person (GHMRP) failed to ensure that the blinds in the windows were in good repair. The finding includes: The inspection of the environment was conducted on December 6, 2007 at 3:50 p.m. The blind at the bathroom window on the first floor had broken louvers.	I 022	I 022 Blind was replaced. In the future the Agency will ensure that monthly QA monitoring system is completed by the QMRP and the House Manager. See attached QA system	12/30/07
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by:	I 082		

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I 082	Continued From page 1 Based on observation the Group Home for Mentally Retarded Person (GHMRP) failed to ensure that bathrooms be equipped with a cup dispenser. The finding includes: The inspection of the environment was conducted on December 6, 2007 at 3:50 p.m. The bathroom on the first floor and the bathroom located in the room shared by Resident #1 and #2 were not equipped with a cup dispensers.	I 082	I 082 Cup dispensers were installed in all bathrooms. In the future the Agency will ensure that monthly QA monitoring system is completed by the QMRP and the House Manager. See attached QA system	12/30/07
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to show evidence of a current health certification/inventory for all personnel. The findings include: Review of personnel information made available on December 5, 2007, at approximately 2:45 PM, revealed no evidence of a current health certification/inventory for the Nutritionist, Primary Care Physician, House Manager, and Speech Therapist.	I 206	I 206 See attached health certificates for Nutritionist, PCP, House Manager and Speech Therapist. In the future the QMRP and House Manager will make sure that the monthly audit of all personnel records are completed along with the homes' monthly QA monitoring system. See attached	12/30/07

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I 500	Continued From page 2	I 500		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each clients rights. The finding includes: See Federal Deficiency Report - Citations W124	I 500	I 500 Cross reference W 124	

METRO HOMES, INC

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Washington, D.C. 20012
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Fax: (202) 829-0616
Email: NGatehomes@aol.com

January 2, 2008

Ms. Patricia VanBuren, Program Manager
Department of Health
825 North Capitol Street, NE – 2nd Floor
Washington, DC 20002

RE: Juanita House [5701 14th Street, NW}
Plan of Correction

Dear Ms. VanBuren:

You will find enclosed a Plan of Correction reports for federal certification and licensure. If you have any questions or concerns, please feel free to contact me at (202) 378-7730.

Thank you.

Sincerely,

Susan Sloan
Vice President of Operations